12022

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville, Rural
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville, Del. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Delaphine (Middle) (Last) Blake

4. DATE OF DEATH (Month) Oct. (Day) 10 (Year) 1952

5. SEX Female
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —
8. DATE OF BIRTH Feb. 14, 1952
9. AGE last birthday ~~X~~ yrs. If under 1 year: Months 8 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Selbyville, Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Russell Blake
14. MOTHER'S MAIDEN NAME Francis Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Francis Blake - Selbyville, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Cerebral Anoxia sec to aspiration | 5 min |
| 475X Antecedent cause(s) | (b) Upper Respiratory Infection c̄ Mucoid | 6 days |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Bronchial Secretion | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Oct, 1952, to 10 Oct, 1952 that I last saw the deceased alive on 9 Oct, 1952, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE Hermanus Rabbus (Degree or title) MD ADDRESS 5 Bay St Berlin Md DATE SIGNED 10/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/11/52
NAME OF CEMETERY OR CREMATORY Longs
LOCATION (City, town, or county) Selbyville, Del. (State)

DATE REC'D BY LOCAL REG. 10/11/52
REGISTRAR'S SIGNATURE Mrs. H. R. Bergey
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke City, Md.

9V0299V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1952
BUREAU V. S.

12023

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester Co — MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Worcester Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville Md.
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) Catherine (Last) Dean

4. DATE OF DEATH (Month) 10 (Day) 29 (Year) 1952

5. SEX female

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 12/19/90

9. AGE last birthday 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Millsboro Del

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John H Roberts

14. MOTHER'S MAIDEN NAME Hannah Marker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 202-18-6404

17. INFORMANT AND ADDRESS Jessie Dalton — Whaleyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Carcinoma of Uterus c̄ Metastasis | 6 mo |
| 174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cachexia sec to above | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mar 1952

19b. MAJOR FINDINGS OF OPERATION Ca of Uterus c̄ Metastasis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1952, to 10/29/, 1952 that I last saw the deceased alive on 10/29, 1952, and that death occurred at 1:10 P m., from the causes and on the date stated above.

SIGNATURE Emmanuel Cabbier Md (Degree or title) ADDRESS Berlin Berlin Maryland DATE SIGNED 10/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 11-2-52 — NAME OF CEMETERY OR CREMATORY Millsboro Cem — LOCATION (City, town, or county) (State) Millsboro Delaware

DATE REC'D BY LOCAL REG. 10-31-52 — REGISTRAR'S SIGNATURE Helen F Hayward — 24. FUNERAL DIRECTOR Baker M. Last — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12024

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin, Rural
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — Rural
STREET ADDRESS (If rural, give location) R F D. Germantown

3. NAME OF DECEASED (Type or Print) (First) Elizabeth M. (Middle) Dewickson (Last)
4. DATE OF DEATH (Month) Oct (Day) 5 (Year) 1952

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 9-25-1877
9. AGE last birthday 75 yrs. If under 1 year Months 0 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY House Work
11. BIRTHPLACE (State or foreign country) Curtis Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Henry Marshall
14. MOTHER'S MAIDEN NAME Sallie — Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Mary Greer Beverly 95 Hancock St. Brooklyn, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease (probably) Instantly

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Her home
(CITY OR TOWN) Berlin (Rural) (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr. R. Sartorius (Degree or title) Dep. Md Exam. ADDRESS Pocomoke City Md DATE SIGNED 10/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-11-52
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) Berlin, Worcester Co. (State) Md.

DATE REC'D BY LOCAL REG. 10-11-52
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 324 E. Church St
Mary A. Stewart, Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12025

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Pocomoke, Md.
STREET ADDRESS (If rural, give location) R.F.D. 2. Box 315

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) H. (Last) HARGIS

4. DATE OF DEATH: (Month) Oct. (Day) 6th (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Nov. 11, 1862 | 9. AGE last birthday: 89 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: Housework | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Long | 14. MOTHER'S MAIDEN NAME: Annie Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Minnie Applebottle 443 Hosey ST. Brooklyn. N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteria - sclerotic Hypertension — 4 yrs.

(c) Carotid - Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952 to Oct 6 1952 that I last saw the deceased alive on Oct 6 1952 and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE: Louis L. Llewelyn, M.D. (Degree or title) ADDRESS: Pocomoke City, Md DATE SIGNED: 10/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-12-52 | NAME OF CEMETERY OR CREMATORY: Hall Hill Cem. | LOCATION (City, town, or county) (State): Pocomoke Md.

DATE REC'D BY LOCAL REG: Oct. 12, 1952 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR: Edgar Whaston - New Church, Va. ADDRESS

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OCT 14 1952
BUREAU V. S.

12026

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2 Box 4-8A

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Md Rural
STREET ADDRESS (If rural, give location) Route 2 Box 4-8A Snow Hill

3. NAME OF DECEASED (Type or Print): (First) Wm (Middle) (Last) Holloway

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1952

5. SEX M. | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Specify) Married | 8. DATE OF BIRTH Oct 8 1952 | 9. AGE last birthday yrs. 18 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm Holloway | 14. MOTHER'S MAIDEN NAME Hattie Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Hattie Mills Snow Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia Nephrotomy — 2 weeks

770.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H. L. Bartonius MD Del Medical Pocomoke City Md 10/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/29/52 | NAME OF CEMETERY OR CREMATORY Green Hill | LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. Oct. 27, 1952 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR Ralph Gunter | ADDRESS Snow Hill Md

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RECEIVED
OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21

# CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #2
LENGTH OF STAY (in this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) B (Last) HUDSON
4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 9-1916
9. AGE last birthday: 36-4-15 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Robert Hudson
14. MOTHER'S MAIDEN NAME: Pauline Duncan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-14-8967 ~~None~~
17. INFORMANT & ADDRESS: Mrs Senora Hudson Snow Hill Md Rural #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Pulmonary Edema | 1/2 Hr. |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Hypertensive Cardiovascular Disease | 2 YRS |
| DUE TO | | |
| | (c) Syphilitic Aortic Valvular disease | 2 yrs |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to Oct. 24, 1952, that I last saw the deceased alive on Oct. 22, 1952, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE Robert Ch. La Mar (DEGREE OR TITLE) MD ADDRESS SNOW HILL. DATE SIGNED 10/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Oct. 26/52 NAME OF CEMETERY OR CREMATORY Taylor Gate LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. Oct 25/52 REGISTRAR'S SIGNATURE LeRoy Smith 24. FUNERAL DIRECTOR Clay E. Dennis Snow Hill ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

NOV 3 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Flower St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bernie (Middle) L (Last) Johnson
4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1952
5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb. 12, 1908
9. AGE last birthday 44 yrs. If under 1 year Months 8 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) labored - Poultry Plant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Snowhill, Md.
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME William E. Johnson
14. MOTHER'S MAIDEN NAME Olden L Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Olden L. Holland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia sec & Lymphosarcoma of
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Retroperitoneal Regions Generalized
(c) Metastasis

INTERVAL BETWEEN ONSET AND DEATH 6 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Oct 13, 1952, that I last saw the deceased alive on 13 Oct, 1952, and that death occurred at 10 15 A.m., from the causes and on the date stated above.

SIGNATURE Norman A. Robbins M.D. (Degree or title) ADDRESS 5 Bay St Berlin Md DATE SIGNED 10/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 19, 1952
NAME OF CEMETERY OR CREMATORY Salisbury Cemetery
LOCATION (City, town, or county) Salisbury (State) Md.
DATE REC'D BY LOCAL REG. 10-16-52
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Louis H. Bozneum ADDRESS 201 Wash. St. Cambridge, Md.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop; LENGTH OF STAY (In this place) 47 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop; STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Kate (Last) Johnson

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write one): Married

8. DATE OF BIRTH: May 19

9. AGE last birthday: 1880 72 Yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own work.

11. BIRTHPLACE (State or foreign country): Bishopville Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Levi Bunting

14. MOTHER'S MAIDEN NAME: Anna Howard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Anna Johnson Bishop Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia sec'd Chronic Rheumatoid Arthritis. — Interval Between Onset and Death: 7 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Deg. Myocarditis, sec'd Rheumatic Heart Disease 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 1952, to Oct 26..., 1952, that I last saw the deceased alive on 26 Oct ....., 1952, and that death occurred at 6:00 P. ....m., from the causes and on the date stated above.

SIGNATURE: Hermann A. Sabin (Degree or title) M.D. ADDRESS: 5 Bay St. Berlin, Md. DATE SIGNED: 10/27/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/29/52 — NAME OF CEMETERY OR CREMATORY: I.O.O.F. — LOCATION (City, town, or county) (State): Bishopville, Md.

DATE REC'D BY LOCAL REG.: 10/29/52 — REGISTRAR'S SIGNATURE: H. Kay Bergey — 24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville, Del

NOV 3 19[illegible]
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishopville
LENGTH OF STAY (In this place): ~~Lifetime~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishopville
STREET ADDRESS (If rural, give location): Rural.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Pettyjohn (Last) Law
4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 10
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: George A Law
14. MOTHER'S MAIDEN NAME: Margaret H. Selby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: 217-03-4214
17. INFORMANT AND ADDRESS: Hattie Law, Bishopville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 Immediate cause (a) Acute Coronary Thrombosis — 30 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis c̄ Coronary Heart Disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1952, to Nov. 31, 1952, that I last saw the deceased alive on Nov 31, 1952, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE: Hermand Rubbins (Degree or title) Md — ADDRESS: 5 Bay St Berlin Md — DATE SIGNED: 11/2/52

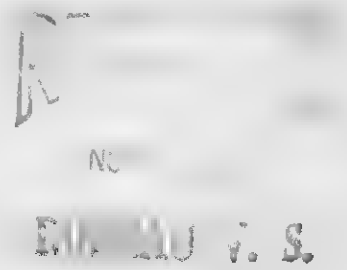
23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov. 3, 1952 — NAME OF CEMETERY OR CREMATORY: Dodd — LOCATION (City, town, or county): Bishopville (State) Md.

DATE REC'D BY LOCAL REG.: 11/3/52 — REGISTRAR'S SIGNATURE: H. Roy Berger — 24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville, Del.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 2031 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Worcester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 14 Second St.
   LENGTH OF STAY (in this place): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY: Worcester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
   STREET ADDRESS (If rural give location): 14 Second St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) SCOTT (Last) MATTHEWS

4. DATE OF DEATH: (Month) October (Day) 5, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1897

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William J. Scott

14. MOTHER'S MAIDEN NAME: Ida Hargis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Russell E. Matthews, Pocomoke, Md.

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause | (a) Cancer of the Breast | 18 Months |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO Metastadis to liver and lung | 8 Months |
| | (c) DUE TO | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1950, to Oct. 5, 1952, that I last saw the deceased alive on Oct. 5, 1952, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles W. Trader M.D. ADDRESS: Pocomoke City, Md. DATE SIGNED: OCT 6 - 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 10-7-52 NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 7, 1952 REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md. ADDRESS

RECEIVED
OCT 10 1...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 32350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Worcester
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pocomoke
MARYLAND
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) 12th St., Box 295

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) ARTHUR (Last) FRITT

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug 11, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Own Farm

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George S. Merritt

14. MOTHER'S MAIDEN NAME: Pricilla Lathbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: Avery L. Merritt, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of the Stomach — Interval Between Onset And Death 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Degenerative Heart Disease — 5 years
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10 ,1952 , to Oct. 17. , 1952, that I last saw the deceased alive on Oct-17, 1952, and that death occurred at 930 PM ..., from the causes and on the date stated above.
SIGNATURE Charles W Trader (Degree or title) MD ADDRESS Pocomoke City, Md DATE SIGNED OCT 20 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-20-52 — NAME OF CEMETERY OR CREMATORY Greenbackville Cemetery — LOCATION (City, town, or county) (State) Greenbackville, Va.

DATE REC'D BY LOCAL REGISTRAR Oct. 20, 1952 — REGISTRAR'S SIGNATURE Anne E. White — 24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

OCT ~~ 1952

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

12033 Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Birds-Eye Snider Plant

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural give location) 5944 Belmar Terrace ✓

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) HENRY (Last) MYERS, Jr.

4. DATE OF DEATH: (Month) October (Day) 7, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 15 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Field Supt.

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Henry Myers, Sr.

14. MOTHER'S MAIDEN NAME: Mary Young

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 182-05-9582

17. INFORMANT & ADDRESS 5944 Belmar Terrace Mrs. Mary Young Phila 3, Penna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 1 Day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Diabetes Mellitus — Interval Between Onset And Death: Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1952, to Oct. 7, 1952, that I last saw the deceased alive on Oct. 7, 1952, and that death occurred at 12:15PM, from the causes and on the date stated above.

SIGNATURE Charles W Trader (Degree or title) MD ADDRESS Pocomoke City, Md. DATE SIGNED OCT 7 - 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-10-52 — NAME OF CEMETERY OR CREMATORY Mt. Maria Cemetery — LOCATION (City, town, or county) (State) Philadelphia, Penna

DATE REC'D BY LOCAL REGISTRAR Oct. 7, 1952 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

F. Bin 12034

1. PLACE OF DEATH: COUNTY Worcester Co MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleysville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleysville Md.
STREET ADDRESS (If rural, give location) Whaleysville

3. NAME OF DECEASED (Type or Print) (First) Phillis (Middle) A (Last) Showell Roberts
4. DATE OF DEATH (Month) Oct (Day) 6 (Year) 1952

5. SEX Female
6. COLOR OR RACE Col.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH 1878
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Showells Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Clay Fossett.
14. MOTHER'S MAIDEN NAME Elizabeth Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Henry Showell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage sec | 4 days |
| 443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio Vascular Disease | 3-4 yrs. |
| | (c) Arteriosclerosis generalized | 5-10 yrs |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to 6 Oct, 1952, that I last saw the deceased alive on 6 Oct, 1952, and that death occurred at 2:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Herman A. Robbins M.D. 5 Bay St. Berlin Md 10/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/10/52
NAME OF CEMETERY OR CREMATORY Pulletts Cem.
LOCATION (City, town, or county) Whaleysville (State) Md

DATE REC'D BY LOCAL REG. 10/9/52
REGISTRAR'S SIGNATURE Helen J. Hayward
24. FUNERAL DIRECTOR Booker M West ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1952
BUREAU V. S.